ARENA DIVING CHAMPIONS CUP 2007
PRELIMINARY ENTRY FORM

Federation: __________________________
Address: __________________________
________________________

Telephone number: __________________________
Fax number: __________________________
E-mail: __________________________

Number of participants
Number of male divers: ______
Number of female divers: ______
Number of officials: ______
Total number of persons: ______

In order to help the Organising Committee and LEN in preparations please be so kind to specify with a clear visible X inside the box those events where you intend to enter athlete(s) in accordance to regulation.

☐ 3 m Women
☐ 3 m Synchro Women
☐ 10 m Women
☐ 10 m Synchro Women
☐ 3 m Men
☐ 3 m Synchro Men
☐ 10 m Men
☐ 10 m Synchro Men
Accommodation

Number of single rooms: _____
Number of double rooms: _____

Date of arrival: _____ February
Date of departure: _____ February

__________________________________________  ____________________________
Date                                                                   Signature

Please return this form by **December 20, 2006** to:

Swedish Swimming Federation
Smidesvägen 5
171 41 Solna
Sweden

Fax: +46 8 724 68 61
E-mail: annette.nordlund@simforbundet.se

Copy to LEN Office, fax: +39 06 30 36 40 38, e-mail: len@lenoffice.it

*Please take note that withdrawals are to be made up to February 17, 2007. Withdrawals effectuated after this deadline will be subject to a fine, according to LEN General Event Rule E. 14.3.*
ARENA DIVING CHAMPIONS CUP 2007
FINAL ENTRY FORM

Federation: ____________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Given name</th>
<th>Year of birth</th>
<th>MEN</th>
<th>WOMEN</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td>Indiv.</td>
<td>Synchro</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3 m</td>
<td>10 m</td>
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<thead>
<tr>
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<th>M/F</th>
<th>Name/Given name</th>
<th>M/F</th>
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<tbody>
<tr>
<td>Team leader</td>
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<td>Judge</td>
<td></td>
</tr>
<tr>
<td>Coach</td>
<td></td>
<td>Judge</td>
<td></td>
</tr>
<tr>
<td>Coach</td>
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<td>Medical</td>
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<tr>
<td>Other</td>
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<td>Other</td>
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</tbody>
</table>

Date ________________ Signature ________________

Please return this form by **February 6, 2007** to:

Swedish Swimming Federation
Smidesvägen 5
171 41 Solna
Sweden

Fax: +46 8 724 68 61
E-mail: annette.nordlund@simforbundet.se

Copy to LEN Office, fax +39 06 30 36 40 38, e-mail: len@lenoffice.it
Federation: __________________________________________

**Travel arrangements**

**Arrival**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Flight number/Train/Car</th>
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**Departure**

<table>
<thead>
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<th>Date</th>
<th>Time</th>
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</table>

Date     Signature

Please return this form by **February 6, 2007** to:

Swedish Swimming Federation  
Smidesvägen 5  
171 41 Solna  
Sweden  
Fax: +46 8 724 68 61  
E-mail: annette.nordlund@simforbundet.se
ARENA DIVING CHAMPIONS CUP 2007
ACCOMMODATION FORM

Federation: ____________________________________________________________

Accommodation

Single rooms: _______ ___ February - ____ February 2007
Double rooms: _______ ___ February - ____ February 2007
Single rooms: _______ ___ February - ____ February 2007
Double rooms: _______ ___ February - ____ February 2007

_________________________ ______________________________________
Date     Signature

Please return this form by January 26, 2007 to:
Swedish Swimming Federation
Smidesvägen 5
171 41 Solna
Sweden
Fax: +46 8 724 68 61
E-mail: annette.nordlund@simforbundet.se
ARENA DIVING CHAMPIONS CUP 2007
ROOMING LIST

Federation: ______________________________________________________

Single room
________________________________________
________________________________________
________________________________________
________________________________________

Double room
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Please specify if any of your team members require special food (vegetarian, allergic etc):
________________________________________

Please return this form with your final accommodation form.